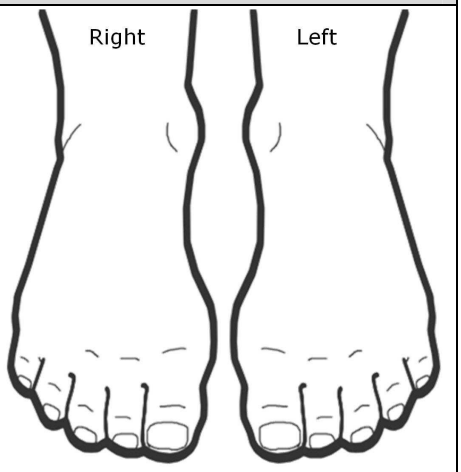
Comprehensive Foot Examination

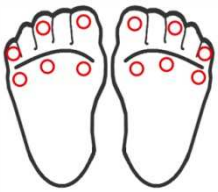
Patient: _____ Date: _____ ID: _____

Primary care physician: _____ Last seen: _____

Medical History		
Type of DM: ☐ Type I ☐ Type II orally controlled ☐ Type II insulin dependent ☐ Gestational Duration of DM: History of amputation: ☐ N ☐ Y History of ulceration ☐ N ☐ Y	Past Medical History: ☐ Peripheral Neuropathy ☐ Nephropathy ☐ Retinopathy ☐ Vascular Disease ☐ Hypertension ☐ Dyslipidemia ☐ Heart Disease ☐ Stroke ☐ Amputation ☐ Other:	Tobacco Use: ☐ No ☐ Yes How much: How long: 1. Any change in the foot or feet since the last evaluation? ☐ No ☐ Yes 2. Current ulcer or history of a foot ulcer? ☐ No ☐ Yes 3. Is there pain in the calf muscles when walking that is relieved by rest? ☐ No ☐ Yes
Physical Exam		
Dermatologic examination: 1. Are the nails thick, elongated, or ingrown? ☐ No ☐ Yes 2. Is the skin thin, fragile, or shiny? ☐ No ☐ Yes 3. Is the foot or ankle swollen? ☐ No ☐ Yes 4. Are there calluses or fissures? ☐ No ☐ Yes 5. Is there maceration or open lesions in the web space? ☐ No ☐ Yes 6. Is there redness or warmth? ☐ No ☐ Yes	**Musculoskeletal examination:** 1. Are digital deformities present? ☐ No ☐ Yes 2. Are bunion deformities present? ☐ No ☐ Yes 3. Are the metatarsal heads prominent? ☐ No ☐ Yes 4. Is there at least 5° of ankle dorsiflexion? ☐ No ☐ Yes 5. Is there at least 45° of 1st metatarsophalangeal ROM? ☐ No ☐ Yes 6. Is there a Charcot deformity? ☐ No ☐ Yes	 Mark dorsal lesions or deformities

Neurologic examination
I:Intact, D:Diminished, A:Absent

10-gram



Monofilament

R:

L:

Vibration (128Hz turning fork)
R: L:

Achilles reflex
R: L:

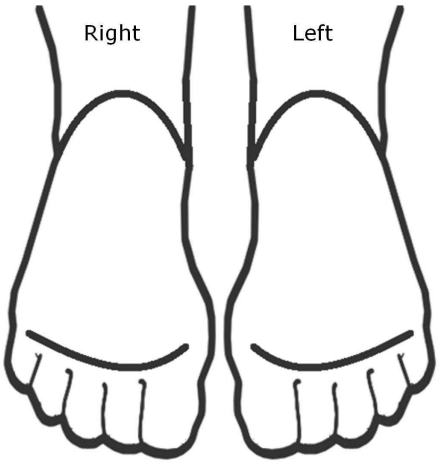
Michigan Neuropathy Index

R: /5 **L:** /5

Total ≥ 2.5=Peripheral Neuropathy

Points:
Intact=0,Diminished=0.5,Absent=1

Deformity=1
Callus, Ulcer or history of ulcer=1



Mark plantar lesions or deformities

Vascular examination
1. Is pedal hair growth present?
☐ No ☐ Yes
2. Are varicosities present?
☐ No ☐ Yes
3. Are pedal pulses present?
☐ No ☐ Yes

Dorsalis Pedis R: /4 L: /4

Posterior Tibial R: /4 L: /4

Education assessment:
1. Has the patient had prior foot care education?
☐ No ☐ Yes
2. Can the patient demonstrate appropriate self-care?
☐ No ☐ Yes

Footwear assessment:
1. Does the patient wear appropriate shoes?
☐ No ☐ Yes
2. Does the patient wear inserts/orthotics?
☐ No ☐ Yes

Assessment

American Diabetes Association Classification

- ☐ 0: No complications
- ☐ 1: Loss of protective sensation + deformity or callus
- ☐ 2: Loss of protective sensation + vascular disease
- ☐ 3: History of ulceration or amputation

Management Plan

Self-management Education:
If previously provided, please list date below.

- ☐ Patient education for preventive foot care
  Date:
- ☐ Provide or refer for smoking cessation counseling
  Date:
- ☐ Provide general diabetes information such as HgA1C recommendations
  Date:

Footwear Recommendations:

- ☐ None
- ☐ Athletic shoes
- ☐ Extra-depth shoes
- ☐ Custom inserts/orthotics
- ☐ Custom molded shoes
- ☐ Double upright brace
- ☐ Charcot Restraint Orthotic Walker (CROW)

Diagnostic Studies: ☐ Non-invasive vascular study ☐ Epidermal nerve fiber density biopsy ☐ Toenail biopsy ☐ Serum lab test ☐ Hemoglobin A1C ☐ Creatinine level ☐ Vitamin D3 level ☐ C-reactive protein ☐ Erythrocyte Sedimentation Rate (ESR)	**Referral:** ☐ Primary Care Physician ☐ Podiatric surgeon ☐ Vascular surgeon ☐ Endocrinologist ☐ Nephrologists ☐ Diabetes Educator ☐ Nutritional Educator ☐ Other:
Follow up	
Date:	Level 0: Annual examination Level 1: 3-6 months Level 2 and 3: 3 months

Signature: _____

Date: _____

Diabetes Eye Exam Report